

PRINT AND FAX FORM!



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Certified Consultant

PLATINUM



TIMESLIPS SUPPORT RATES AND TERMS

Delisi & Associates, P.C. will provide training for you:

Agreement Date: _____
 Business: _____
 Attention: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Cell: _____
 Timeslips Current Version: _____
 Email (For Timeslips Newsletter Tips & Tricks): _____
 How Did You Hear About Us? _____ Timeslips's Website? _____ Our Website?
 _____ Timeslips Technical Support _____ You Are Our Existing Client _____ Other

CALL FOR TRAINING DATES, TIME AND FEE

Toll Free: 1.800.264.5131

_____ Agree to Attend Timeslips 4 Hour Training Session at Delisi & Associates, P.C.
 _____ Agree to Attend Timeslips 8 Hour Training Session at Delisi & Associates, P.C.
 _____ Agree to Attend Advance Timeslips Two 8 Hour Training Session at Delisi & Associates, P.C.

CALL FOR SCHEDULED CLASSES!

By choosing one of these Agreements, you will submit payment in advance to reserve your seat.

AUTHORIZED SIGNATURE FOR TRAINING: _____
 DATE: _____



VISA/MASTERCARD #: _____ EXPIRATION DATE: _____

NAME ON THE CARD: _____

ADDRESS TO NAME ON CARD: _____

CITY, STATE, ZIP: _____

LAST 3 DIGITS ON SIGNATURE PANEL OF CARD: _____

AUTHORIZED SIGNATURE FOR VISA/MASTERCARD: _____ DATE: _____

IF PAYING BY CHECK: MAKE PAYABLE TO: DELISI & ASSOCIATES, P.C.



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